

# **Massachusetts State Police**



## **Student Internship Packet Information and Forms**

Revised May 2017

Student Internship Checklist:

Please review this packet before completing all parts of the application.

Read Student Eligibility and Criteria

Read Important Dates and Steps

☐ Complete the application in total

Review Student Internship Tracks (see link on website)

Submit to Adviser for signature (pages 5, 6, & 18)

☐ Sign and date Student Signature page

☐ Complete Student Intern Authorization for Release of Information (In the presence of a Notary Public)

☐ Obtain Notary Public Signature and Stamp

☐ Complete Student Intern Confidentiality Agreement (Internship coordinator will also sign upon receipt)

☐ Complete Student Intern Waiver of Agency Liability

☐ Sign and obtain Witness Signature

☐ Complete Intern's Section of the Internship Background Waiver

☐ Complete Emergency Contact and Medical Information

☐ Complete Intern Section of the Internship Verification Request Form

**This is the only means of communication a student will receive regarding confirmation/evaluation of their internship.  
Do not submit school forms or request a supervisor to complete a school form for evaluation regarding your internship.**

☐ Enclose a Cover Letter

☐ Enclose a Current Resume

☐ Current Official School Transcripts – (Mailed directly from your school)

☐ Enclose a Letter of Recommendation

## **Mail the completed packet to:**

**Student Internship Program  
Massachusetts State Police  
470 Worcester Road  
Framingham, MA 01702**

The Massachusetts State Police Student Internship Program provides eligible students the opportunity to experience what it would be like to work in a public safety organization. The primary purpose of this program is to expose the student to how the principles, practices and theories of their major area of study are practically applied in the workforce.

### **Students Eligibility and Criteria:**

Students with good academic standing are eligible to participate in the internship program.

- Proof you are residing/studying legally in the U.S.
- Successfully pass a pre-placement screening to include a criminal record check
- Internships are unpaid and considered educational training in the various administrative, technical, professional and law enforcement disciplines
- Internships will be granted to students enrolled in a degree-seeking accredited college or university program
- Interns must be approved to earn college credit for their internship experience with the Massachusetts State Police
- An Internship with Massachusetts State Police is a one-time experience per student
- Interns are not considered a replacement for a regular employee
- All interns receive close supervision by knowledgeable staff
- Interns must be willing to sign waivers, agreements and disclosure forms that will protect the rights and responsibilities of both interns and the Department of State Police in the intern/agency relationship
- Interns must be able to provide their own transportation

### Important Dates and Steps:

All information and forms must be submitted by a specific month and date to be eligible for each internship program.

If you are interested in interning during the:	Internship Packets must be submitted by:
Spring School Semester – January to May	October 15 <sup>th</sup> of the previous year
Summer School Semester – June to August	March 15 <sup>th</sup> of the same year
Fall School Semester – September to December	June 15 <sup>th</sup> of the same year

### Available internships are limited:

- There is no guarantee that all applicants will receive an internship.
- If you do not receive an internship in your first requested semester, you can request to move your application to the next semester.
- If you receive and attend an internship with the Department, **you will not be eligible to apply for another internship.**

Incomplete packets will not be accepted as an eligible Internship packet.

All communications will be by email once your application packet is received.

- Once your completed application packet is received and deemed eligible for an internship, we will work on your request for an available internship.
- Once we have selected you for an available internship, your information will be submitted to a pre-placement screening.
- Once you are deemed eligible by our pre-placement screening to participate in the internship program, we will reach out to you to confirm your agreement to the internship.
- Once we have received your confirmation to your internship, your supervisor will receive your contact information.
- Your supervisor will contact you and arrange your start date, end date and times available to intern.



## Massachusetts State Police Student Internship Application

**PLEASE PRINT CLEARLY**

All areas of this application must be completed. If an area of the application does not apply to your specific submission, please enter N/A.

Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**To be completed and signed by your school advisor.**

Internship is for Credit: ☐ Yes ☐ No      Time Sheet is Required: ☐ Yes ☐ No

Total Amount of Semester Hours Needed to Obtain Credit: \_\_\_\_\_

Anticipated Internship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Student \_\_\_\_\_ is in good standing with the school and is eligible to participate in an unpaid internship with MSP. This student will receive \_\_\_\_\_ credits for his/her semester long internship.*

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by student and signed by your school advisor.**

Internship Semester you are applying for:

☐ Spring Semester – January to May

**Deadline to apply is October 15<sup>th</sup>**

☐ Summer Semester – June to August

**Deadline to apply is March 15<sup>th</sup>**

☐ Fall Semester – September to December

**Deadline to apply is June 15<sup>th</sup>**

Internship Track you are applying for (please see Internship Track descriptions on website):

☐ Scientific Track

☐ Law Enforcement Track

☐ Training Track

☐ Public Administration, Law and Industrial Track

☐ Communications Track

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**This information will help us with the selection process – Please be sincere about your answers.**

Some of our internships require the student to be flexible with their schedule due to the nature of our “business”.

Are you able to commit to a flexible schedule: ☐ Yes ☐ No

Some of our internships require evening attendance.

Are you able to intern during the evening hours: ☐ Yes ☐ No

Some of our internships require the student to commit to two 6 to 8 hour days a week to participate in a semester long internship.

Are you able to commit to two 6 to 8 hour days a week: ☐ Yes ☐ No

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College/University: \_\_\_\_\_

Full Address: \_\_\_\_\_

Current Major: \_\_\_\_\_ Current Academic Year: \_\_\_\_\_ (senior, junior, etc.)

Anticipated Graduation Month/Year: \_\_\_\_\_

Student Advisor Name: \_\_\_\_\_ (please print)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Student Advisor - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am legal to reside/study in the U.S. ☐Yes ☐No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for an internship with the Massachusetts State Police before this application: ☐Yes ☐No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Massachusetts State Police internal referral: ☐Yes ☐No

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Section/Unit: \_\_\_\_\_

*A referral will not guarantee you an internship – but we will contact your referral to receive input*

Did the referral person agree to supervise your internship: ☐Yes ☐No

Please list any family member that has ever been or is currently employed with the Massachusetts State Police:

Name:

Relationship:

Dates:

Do you speak other language(s) fluently? ☐ Yes ☐ No

If yes, what language(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

All applicants are subject to a background records check before placement

Vehicle Information:

Make:

Model:

Color:

Year:

Self-transportation is a must with every internship.

Primary Ethnic Group:

☐ Hispanic or Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

Check One:

☐ Male

☐ Female



Students will be selected for an internship based on the needs of the Department's sections & units that may be requesting an intern for a semester.

**This area is an opportunity for you to tell us your interest, career goals and personal ambitions.**

Please tell us why you would like to intern at the Massachusetts State Police?

Are there any specific areas of the Department that interest you more than others?

Your career goals?



Student Intern: I accept the responsibilities as stated in this agreement. I agree to complete all work assignments promptly and to the best of my ability. I agree to familiarize myself with and adhere to the relevant organizational policies, procedures, functions, and standards of ethical conduct.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application is grounds for removal from the Internship Program.

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Student Signature

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Date

**Students are not guaranteed an internship just by completing this application.**

**The process is by selection – according to the needs of the Department matched with the interest of the student.**

**Massachusetts State Police  
Student Internship**

**EMERGENCY CONTACT AND MEDICAL INFORMATION**

Student Intern: \_\_\_\_\_

Student Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student Intern: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Treatment for Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Treatment for Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_



## Massachusetts State Police Student Internship Forms

All forms must be signed by the intern. By signing these forms, the intern is stating he/she has read and understands each form signed.

### **STUDENT INTERN CONFIDENTIALITY AGREEMENT**

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between the Commonwealth of Massachusetts, the Department of State Police ("Department"), and \_\_\_\_\_, student intern.

WHEREAS, the Department desires to ensure that all confidential information and other non-public information will remain confidential and non-public, and after the period of employment at the Department.

NOW THEREFORE, as a condition of employment with the Department it is agreed as follows:

#### **I. NONDISCLOSURE**

As a student intern with the Department, I understand the importance of treating certain types of information as confidential. I agree not to disclose any confidential information, non-public information, sensitive information, potentially embarrassing or discrediting information, or confidential know-how concerning the business, affairs, or operations of the Department which I may acquire during the course of my relationship with the Department.

As a student intern I shall not, either during my relationship with the Department or thereafter, except as authorized in writing by the Department, disclose to others or use in any way any confidential information, non-public information, sensitive or potentially embarrassing or discrediting information, or confidential information relating to the business, activities, or operations, investigations of the Department, its users consultants, or partners, including but not limited to, confidential information pertaining to particular victims, suspects or witnesses, laboratory techniques, technology or processes, methodology, procedures, laboratory results, information pertaining to Department personnel, know-how and analyses.

For the purposes of the Agreement, the term "know-how" shall mean the Department's present and future specialized, and novel and unique techniques, inventions, practices, knowledge, skill, formulations, experience, and other proprietary information relating to the Department.

## II. GENERAL

This Agreement will transfer to the benefit of and be binding upon the successors and assigns of the Department, including but not limited to, affiliates, divisions, or subsidiaries of the Department.

I expressly recognize that any breach of this Agreement will result in irreparable injury to the Department, and I agree that the Department shall in the event of such a breach be entitled to seek injunctive relief, specific performance and other relief in addition to and not in limitation of its rights and damages.

This Agreement will be governed by and construed in accordance with the laws of The Commonwealth of Massachusetts. In case any one or more of the provisions contained in this Agreement are reason held to be excessively broad with regard to time, duration, geographic scope, or activity, such provision will be construed in a manner to enable it to be enforced to the maximum extent compatible with applicable law.

Executed under seal on the date first above written.

### STUDENT INTERN

### DEPARTMENT OF STATE POLICE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Massachusetts State Police Student Internship Forms

All forms must be signed by the intern. By signing these forms, the intern is stating he/she has read and understands each form signed.

### **STUDENT INTERN WAIVER OF AGENCY LIABILITY**

In consideration of the privilege of being permitted to perform an internship at the Massachusetts Department of State Police, I \_\_\_\_\_ hereby release and forever discharge the said Commonwealth of Massachusetts, the Massachusetts Department of State Police, and its employees, from all debts, demands, actions, causes of action, suits, dues, sum and sums of money, accounts, bonds, controversies, damages, and liabilities and any and all other claims of every kind, nature and description whatsoever, both in law and equity, which may arise during the course of an internship assignment, against the said Commonwealth of Massachusetts, Massachusetts Department of State Police.

I further agree that any claims of injury sustained during the course of my practicum fieldwork placement will be confined to the limits of my personal insurance and the internship liability insurance policy maintained by \_\_\_\_\_, if any, and that no other claim against the Commonwealth of Massachusetts, Massachusetts Department of State Police, arising out of the practicum of fieldwork experience will be made.

I, \_\_\_\_\_ have read the foregoing release and fully understand it. In witness whereof the undersigned had duly executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**STUDENT INTERN**

**WITNESS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

The Commonwealth of Massachusetts  
Department of State Police  
Human Resources Section  
470 Worcester Road, Framingham, MA 01702



**STUDENT INTERN AUTHORIZATION FOR RELEASE OF INFORMATION**

PLEASE PRINT CLEARLY IN INK OR TYPE

Name: _____		
First Name	Middle	Last Name
Previous Name or Alias (Include Maiden Name): _____		
Residential Address: _____		
Have you ever resided in another state? _____ If Yes, Where? _____		
Social Security #: _____ - _____ - _____		Driver's License #: _____
Date of Birth: ____ / ____ / ____ Place of Birth: _____		

I, \_\_\_\_\_, do hereby authorize a review of and a full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Department of State Police to consider in determining my suitability for internship placement within that department. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that any information obtained via pre-placement screening which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to intern with the Department of State Police. I understand that all materials pertaining to this pre-placement screening become the property of the Department of State Police and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

**Subscribed and Sworn before me this**

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Notary: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Massachusetts State Police**  
**Student Internship Background Waiver**  
Please print clearly or type.

**To be completed by Student:**

Intern: \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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**To be completed by MSP Staff:**

Maiden Name (if married/divorced): \_\_\_\_\_

Addresses in Other States: \_\_\_\_\_

Board of Probation: \_\_\_\_\_

Suicide Candidate Display: \_\_\_\_\_

RAMS: \_\_\_\_\_

Triple I: \_\_\_\_\_

CIS (Master Names Index): \_\_\_\_\_

CIS (Lotus Notes): \_\_\_\_\_

Sexual Offender Registry: \_\_\_\_\_

Warrant Management: \_\_\_\_\_

Registry (Include KQ): \_\_\_\_\_

NCIC: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_





## Massachusetts State Police Student Internship Verification Form

*This form is to be used to communicate information confirming a student's internship - No other means of verification or evaluation regarding a student's internship will be permitted.*

### To be completed by the Intern & Advisor:

Student's School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

*I understand this form is the only means of verification and/or evaluation that the intern supervisor will submit to confirm information regarding the student's internship with the MSP. I also understand it is the student's responsibility to submit this form to the internship supervisor at the beginning of the semester internship and agree on a date for its completion.*

Signatures - **Student:** \_\_\_\_\_ **Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be completed by the Intern's Supervisor by the end of their internship:

Internship Location: \_\_\_\_\_ Interned Dates: \_\_\_\_\_ to: \_\_\_\_\_

Total Hours of Interning for the Semester: \_\_\_\_\_ Did the student show good work habits: ☐ Yes ☐ No

Did the student seem interest in and enthusiastic throughout the internship experience: ☐ Yes ☐ No

Internship Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did this intern leave the Department of State Police in Good Standings: ☐ Yes ☐ No

Please comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

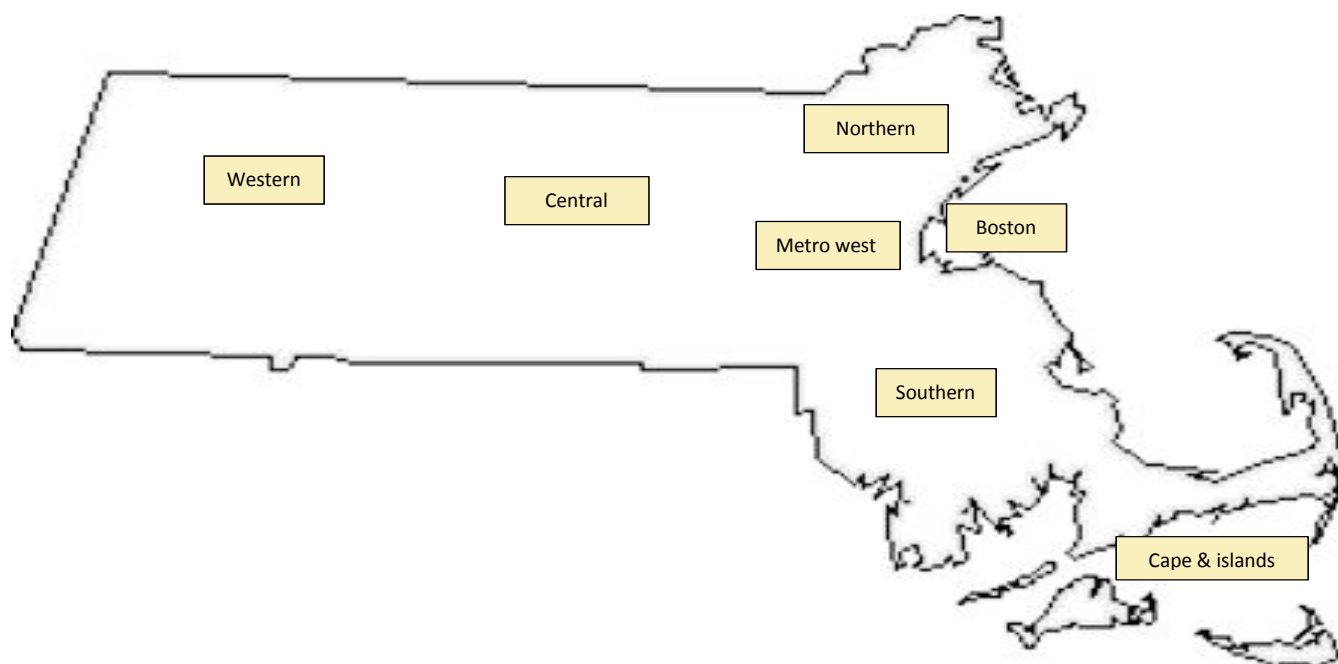
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM AT THE COMPLETION OF THE INTERNSHIP TO THE MSP STUDENT INTERNSHIP COORDINATOR**

**Students** – Please request a copy of this form from the MSP Student Coordinator  
if your school requires verification of your internship

**Please indicate which areas of the state you are willing to travel to for an internship**

Your base town this semester is: \_\_\_\_\_



Please be advised,

- All internships require office work at some point.
- Many will require flexibility in scheduling your internship so you are able to respond to section/unit incidents when they happen.
- Some internships may require evening hours.
- If we select you for an internship, we expect you to honor the schedule you set forth with the internship supervisor.
- All internships are credit-based and selection is determined by what you tell us about you and why you are requesting an internship.
- Ride-a-longs with Troopers are not permitted.
- There are very few science related (crime lab) internships available each semester – most science related internships are project related only.